

~~INDIANA BOARD OF PHARMACY~~  
~~INTERNET INSTRUCTIONS FOR CERTIFICATION AS A PHARMACY TECHNICIAN (CPT)~~

**INSTRUCTIONS AND INFORMATION**

Before attempting to file an application online, please read through the instructions. If you have questions, please contact the Board of Pharmacy staff at (317) 234-2067 or [hpb4@hpb.IN.gov](mailto:hpb4@hpb.IN.gov). **NOTE: You must have a Visa or Mastercard (credit card or debit card) to complete this transaction.**

**STEP-BY-STEP INSTRUCTIONS FOR APPLICATION VIA THE INTERNET**

1. Please visit <https://secure.in.gov/mylicense/>
2. Click "New Users"
3. Fill in your last name in the "Last Name:" space.
4. Fill in a 0 (zero) in the "License Number:" space.
5. Fill in your Social Security Number or any 9 numerals in the "Social Security Number:" space.
6. Click "Search"
7. Please fill out the requested demographic information and click "Register" when you are finished.  
**NOTE: YOU MUST CHOOSE YOUR OWN USER NAME AND PASSWORD.**
8. Click on "Initial Application"
9. Select "Indiana Board of Pharmacy" as the "Profession:"
10. Select "Certified Pharmacy Technician" as the "License:"
11. Please verify which of the following you have completed as your "Basis for Licensure":
  - a. If you have passed, or plan to take the PTCB exam, select "Examination" as the "Basis of Licensure:" and select "Next"
  - b. If you have completed, or are in the process of completing a Board approved Program of Training or Education, select "Training and Education" as the "Basis of Licensure:" and click "Next"
12. Please click on "Questions" and answer "Yes" or "No" as it applies.
13. If you have not completed your Training and Education or have not passed the PTCB exam, you must select "Yes" when you are asked if you want a Temporary Permit. **CLICK SAVE/COMPLETE WHEN YOU ARE FINISHED**
14. Click "Finish" and begin the payment process.
15. Please print out your receipt, as this will provide proof that you have applied for Certification and/or a Temporary Permit.

**PLEASE NOTE:**

If you selected "Examination" as your "Basis for Licensure", you must submit a copy of your PTCB certificate to the Indiana Board of Pharmacy.

If you selected "Training and Education as your "Basis for Licensure", you must submit a completed Training and Education Affidavit (attached at the end of this document), or a copy of a certificate of completion from the Board-approved program. The Training and Education Affidavit must be signed by the current qualifying pharmacist at the pharmacy which you completed your training.

If you have **not** completed your Training and Education or have **not** yet passed the PTCB Exam, please select "Yes" to the question, "Do you want a Temporary Permit". **IT IS YOUR RESPONSIBILITY TO SUBMIT THE AFOREMENTIONED DOCUMENTS UPON COMPLETION**

**OF YOUR TRAINING AND EDUCATION OR SUCCESSFUL COMPLETION OF THE PTCB EXAM.**

If you have passed the PTCB exam or completed Board Approved Training and Education, you should select “No” when asked if you want a temporary permit. **PLEASE NOTE: YOUR CERTIFICATE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE ADDITIONAL DOCUMENTATION.**

**All Documentation should be mailed to: Indiana Board of Pharmacy, 402 West Washington Street, Room W066, Indianapolis, IN 46204**

# **AFFIDAVIT OF COMPLETION OF PHARMACY TECHNICIAN EDUCATION/TRAINING PROGRAM**



**Health Professions Bureau  
Indiana Board of Pharmacy  
402 West Washington Street, Room W066  
Indianapolis, Indiana 46204  
317-234-2067  
<http://www.in.gov/hpb/boards/isbp/index.html>**

I, \_\_\_\_\_, do solemnly swear or affirm under the  
(Name of Qualifying Pharmacist)

penalties of perjury, that \_\_\_\_\_ has completed the  
(Name of Pharmacy Technician)

following Board approved program of education or training:

\_\_\_\_\_  
(Name of Indiana Board of Pharmacy Approved Program)

\_\_\_\_\_  
Signature of Qualifying Pharmacist

\_\_\_\_\_  
Indiana License No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pharmacy Technician

\_\_\_\_\_  
Date